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**Campaign Finance  
Statement of Organization  
For Political Action Committees  
And Party Committees**

Governmental Ethics Commission  
901 S. Kansas Ave.  
Topeka, KS 66612  
Office (785) 296-4219  
Fax (785) 296-2548  
ethics.kansas.gov

This is a (Check one) **Party Committee** **PAC**

This is an (Check one) **Initial Appointment** **Amended Statement**

**Committee**

Name: **Kansas Optometric Political Action Committee**

Address: **632 SW Van Buren St.**

Address2: **Ste. 100**

City: **Topeka** State: **KS** Zip: **66603**

Business Phone: **(785) 232-0225**

Email Address: **todd@kansasoptometric.org**

**Chairperson**

Name: **Chad Thompson, OD**

Address: **632 SW Van Buren St.**

Address2: **Ste. 100**

City: **Topeka** State: **KS** Zip: **66603**

Home Telephone: Business Phone: **(785) 232-0225**

Email Address: **todd@kansasoptometric.org**

**Treasurer**

Name: **Todd Fleischer, CAE**

Address: **632 SW Van Buren St.**

Address2: **Ste. 100**

City: **Topeka** State: **KS** Zip: **66603**

Home Telephone: Business Phone: **(785) 232-0225**

Email Address: **todd@kansasoptometric.org**

**Affiliated or  
Connected  
Organizations**

Name: **Kansas Optometric Association**

Address: **632 SW Van Buren St.**

Address2: **Ste. 100**

City: **Topeka** State: **KS** Zip: **66603**

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

**I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.**

Executed on:

Date: **1/9/2024 1:08:35 PM** Signature of Chairperson: **C. Thompson**

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This is an (Check one)  Initial Appointment  Amended Statement

**Committee** Name: **Kansas Optometric Political Action Committee**

Address: **1266 SW Topeka Blvd.**

Address2:

City: **Topeka** State: **KS** Zip: **66612**

Business Phone: **(785) 232-0225**

Email Address: **todd@kansasoptometric.org**

**Chairperson** Name: **Chad Thompson, OD**

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**Affiliated or** Name: **Kansas Optometric Association**

**Connected** Address: **Kansas Optometric Association**

**Organizations** Address2: **1266 SW Topeka Blvd.**

City: **Topeka** State: **KS** Zip: **66612**

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Executed on:

Date: **6/28/2018 2:41:56 PM** Signature of Chairperson: **Rachelle Heatwole**

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